Provider Contact Request



Great news!

WellNet's **advocacy team is here to help** explain your health benefits to all of your providers. We **proactively reach out** to confirm your eligibility, benefits & how to **submit claims** on your behalf.

- On the form, you will provide the name for all family members enrolled under your benefits & the contact information for their Primary Care Doctors & Specialists.
- After you complete the fillable Provider Contact Form, please download & save the PDF document.
- Lastly, attach & email it to: advocacy@wellnet.com
- We'll take it from there! You can expect a follow up from us within 5 business days of form submission.

Subscriber Name		Subscriber Phone Number		Subscriber preferred email		
Employer Name			Name of Plan Selected			
Patient Name (First and Last)	Patient Dat of Birth	e Patient Address	Primary Care Provider (Doctor Name and Group Practice Name)		Provider Phone Number	

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Patient Name (First and Last)	Patient Date of Birth	Patient Address	Specialist (Doctor Name and Group Practice Name)	Specialist Phone Number	Type of Specialist

Thank you for the info!

Please email your PDF directly to advocacy@wellnet.com for our team to get to work.